

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD

IRREVOCABLE LETTER OF CREDIT OF PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR

Name of Wholesale Distributor:

Name of Issuing Bank:

Address of Issuing Bank:

Beneficiary: State of Wisconsin/Wisconsin Department of Safety and Professional Services

Letter of Credit No.

Date:

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We hereby authorize you to draw on us for the account of

up to an aggregate amount of five thousand dollars (\$5000). Available by your draft(s) at sight to be accompanied by:

A written statement from the Wisconsin Department of Safety and Professional Services stating that evidence exists that the State has sustained a loss because of an act of the above named wholesale distributor of prescription drugs that resulted in unpaid fees or costs that relate to the issuance of a license under Wis. State Stat. § 450.071, that have not been paid within 30-days after the fees or costs have become final and therefore the Beneficiary is entitled to draw the amount of the accompanying draft under Letter of Credit No. listed above.

Special Instructions: (Partial drawings permitted.)

All drafts must be marked as follows:

“ Drawn under letter of credit of

(Name of Issuing Bank)

(No.)

 / /

(Dated)

 / /

(Expiration Date)

Name of Bank:

Authorized Signature: